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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 09/638,089 |
|------------------------|-----------------|
| Filing Date | August 11, 2000 |
| First Named Inventor | Danny Murphy |
| Art Unit | 3627 |
| Examiner Name | Frenel, Vanel |
| Attorney Docket Number | 791306-1010 |

| I hereby revoke all previous powers of attorney given in the above-identified application. | | |
|---|--|--|
| A Power of Attorney is submitted herewith. | | |
| OR I hereby appoint t | he practitioners associated with the Customer Number: | |
| Please change the correspondence address for the above-identified application to: The address associated with Customer Number: 24504 OR | | |
| Firm <i>or</i> Individual Name | | |
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| I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) | | |
| GNATURE of Applicant or Assignee of Record | | |
| Signature | | |
| Name Danny Murphy U Telephone I Telephone | | |
| Date /b | Telephone C15.305.7939 tors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one | |
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| *Total of 1 forms are submitted. | | |

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